

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16972

State File No. ....

FILED MAY 25 1953		REG. DIST. NO. 13	PRIMARY REG. DIST. NO. 3003	Registrar's No. 39
1. PLACE OF DEATH a. COUNTY Barry		0051		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. LENGTH OF STAY (in this place) 1 week		b. COUNTY Lawrence
d. FULL NAME OF HOSPITAL OR INSTITUTION 406 Bond St.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett, Missouri		0551
3. NAME OF DECEASED (Type or Print) WILLIAM		a. (First) DELSEY	b. (Middle) PERRY	c. (Last)
4. DATE OF DEATH April 30, 1953		5. SEX Male		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 4, 1893		9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (City and State or Foreign Country) Clarence, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME R. F. Perry		13b. MOTHER'S MAIDEN NAME Cassie Minnich
14. NAME OF HUSBAND OR WIFE Flora Perry		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service)		16. SOCIAL SECURITY NO. 723-05-0672
17. INFORMANT'S SIGNATURE OR NAME Mrs. Flora Perry		ADDRESS Monett, Mo.		18. CAUSE OF DEATH
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Natural Gas turned on in Room		
DUE TO (c)		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E972x
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rooming house
21c. (CITY, TOWN, OR TOWNSHIP) Monett		(COUNTY) Barry		(STATE) Mo.
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Piping gas with hose into closet & sealing closet door with blankets & coats.
22. I hereby certify that I attended the deceased from ON <u>May 5</u> , 19 <u>53</u> , to <u>April 30</u> , 19 <u>53</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE Paul D. Herbst		(Degree or title) 3rd Coroner		23b. ADDRESS Cassville, Mo.
23c. DATE SIGNED 5-12-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 6, 1953
24c. NAME OF CEMETERY OR CREMATORY IOOF		24d. LOCATION (City, town, or county) Monett, Missouri		(State)
DATE REC'D BY LOCAL REG. 5-14-53		REGISTRAR'S SIGNATURE Katherine Henderson		25. FUNERAL DIRECTOR'S SIGNATURE J. D. Buchanan
ADDRESS Monett Mo		(Licensed Embalmer's Statement on Reverse Side)		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 25 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*J. D. Buchanan*

Licensed Embalmer No. *3179*

P. O. Address *Mount Pleasant*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.